

December 03-04, 2018
Amsterdam, NetherlandsJ Nurs Health Stud 2018, Volume: 3
DOI: 10.21767/2574-2825-C5-015

AVOIDING UNNECESSARY POST-OPERATIVE BLOOD TRANSFUSION IN FRACTURE NECK OF FEMUR PATIENTS: COST AND CLINICAL BENEFITS

F Joy, L Ishaq and J Taylor

Arrowe Park Hospital, UK

Fractured neck of femur (FNOF) is an increasing problem for the National Health Service (NHS). The 2015 annual report suggests over 65,000 FNOF recorded on the National Hip Fracture Database (NHFD) with the estimated cost to the NHS being over £1.5 billion per year. Many of these patients may require blood transfusion post operatively, a procedure that carries risk, expense and places high demand on scarce recourse. There is considerable variation on the transfusion practices. The aim was to identify our practice against NICE guidance identify its cost implications.

Materials & Methods: Retrospective data was collected from the National Hip Fracture Database (NHFD) from Aug' 2015 to Aug' 2016. The transfusion data was collected from our hospital transfusion database. The patients' blood results were accessed through the ICE reporting system and parameters were cross checked. Patients with preoperative bleeding disorders were excluded.

Results: Around 300 FNOF fulfilled the inclusion criteria. 22% of them had blood transfusion. Out of this 82% of patients, post-transfusion Haemoglobin (Hb) exceeded NICE recommended targets. Hb check alone after each unit as recommended by NICE could have saved the trust over £7000.

Conclusion: A significant proportion of our FNOF patients' receive blood transfusion unnecessarily. Adhering to the NICE guidelines by checking the Hb after each unit transfused and assessing the need for further transfusion will not only reduce patients exposed to risk, but will reduce cost to the trust and will reduce the demand on blood and its products.

rthondickal@gmail.com